

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
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5		1				
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50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	1	↔		↔		↔
TOTAL CLAIMS	1	↔	14	↔	14	↔

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔	14	↔	14	↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS